PATENT APPLICATION TRANSMITTAL LETTER

(Large Entity)

Docket No. 1038-1142 MIS

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:

☑ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.

☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance,

Benjamin Rovinski; et al.

For: IMMUNIZING AGAINST HIV INFECTION

4 U.S. PTO	
Jc974 09/8	

Enclo	osed are:							
	☐ Certificate of Mailing with Express Mail Mailing Label No.							
\boxtimes	Fifteen (15)	sheets of dra	awings.					
	A certified copy of a	ı		application.				
\boxtimes	Declaration	☐ Signed.	☑ Unsigned.					
	Power of Attorney							
	Information Disclos							
1100	Preliminary Amend							
	Other: Initial Info	rmation Data Sl	ieet, Specificatio	n				
i muu Bi Qooki	ji: taseth		CLAIMS	AS FILED				
Teef, theffy there time time time	For	#Filed	#Allowed	#Extra		Rate	Fee	
27	l Claims	31	- 20 =	11	x	\$18.00	\$198.00	
Inde	p. Claims	3	- 3 =	0	х	\$80.00	\$0.00	
Multiple Dependent Claims (check if applicable)						\$0.00		
BASIC FEE					\$710.00			
	i V					TOTAL FILING FEE	\$908.00	
X	A check in the amo The Commissioner as described below	is hereby auth	orized to charge copy of this shee	et is enclosed.	eposit A			
	☐ Charge the	e amount of	;	as filing fee.				

Dated: April 25, 2001 Signature (Reg. No. 24,973)

☑ Credit any overpayment.

pursuant to 37 C.F.R. 1.311(b).

PATENT_TRADEMARK OFFICE

CC:

\$908.00

for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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1	Application Number		
	Filing Date		S € €
	First Named Inventor	Benjamin Rovinski	2 4 E
	Examiner Name		40=4
	Group Art Unit		%O ==
	Attorney Docket No.	1038-1142 MIS	

METHOD OF PAYMENT					FE	E CALCULAT	ION (conf	tinued)		
The Commissioner is hereby authorized to c	d to charge 3. ADDITIONAL FEES						Ì			
Indicated fees and credit any overpayments Deposit		.arge Er Fee	Fee	Fee	Fee	Fee D	escription	ì	Fee Paid	
Account Number 192253		Code 105	(\$) 130	Code 205	(\$) 65	Surcharge - late fi	•			
Deposit Account Sim & McBurney		127	50	227		Surcharge - late p sheet				
Name		139	130	139		Non - English spe				
Charge Any Additional Fee Required Under 37 CFR §§ 1 16 and 1 17		147	2,520	147		For filing a reques				
Applicant claims small entity status See 37 CFR § 1 27		112	920*	112		action		prior to Examiner		
2. X Payment Enclosed:		113 1	,840*	113	•	Requesting public action				
Check Credit card Money Order	Other	115	110	215		Extension for repl				
FEE CALCULATION		116	390	216		Extension for repl				
		117	890	217		Extension for repl				
1. BASIC FILING FEE Large Entity Small Entity		118	1,390	218		Extension for repl				
Fee Fee Fee Fee Description	e Paid	128	1,890	228	945	Extension for repl	ly within fifth	month		
Code (\$) Code (\$)	710.00	119	310	219		Notice of Appeal				
	710.00	120	310	220	155	Filing a brief in su	apport of an	appeal		
106 320 206 160 Design filing fee		121	270	221			Request for oral hearing			
107 490 207 245 Plant filing fee			1,510	138	1,510	Petition to institut	on to institute a public use proceeding			
		140	110	240	55	Petition to revive	- unavoidab	ole		
	\$710.00	141	1,240	241	620	Petition to revive	- unintentio	nal		
SOBIOTAL (1)	\$710.00	142	1,240	242	620	Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES			440	243	220	Design issue fee				
Fee from Extra Claims below	Fee Paid	144	600	244	300	Plant issue fee				
Total Claims 31 -20** = 11 X 18.00 =		122	130	122	130	Petitions to the C	Commissione	er		
Independent 3 - 3** = 0 X 80.00 = Claims	0.00	123	50	123	50	Processing fee u	ınder 37 CFI	R § 1 17(q)		
Multiple Dependent	· L	126	180	126	180		formation D	isclosure		
Large Entity Small Entity Fee Fee Fee Fee Fee Pee Fee Fee Fee Fee		581	40	581	40	Statement Recording each (times number of	patent assig	nment per property		
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		146	710	246	355	Filing a submissi (37 CFR § 1 12	ion after fina			
102 80 202 40 Independent claims in ex		149	710	249	355	For each addition	nal inventior	n to be examined		
104 270 204 135 Multiple dependent claim		179	710	279) 3EF	37 CFR § 1 12) Request for Con		nination (RCE)		
109 80 209 40 ** Reissue independent o over onginal patent	aaims									
110 18 210 9 ** Reissue claims in exce	ess of 20	169	900	108	, 500	of a design appli	ication			
and over original paten	t	Oth	ner fee	(specif	y)				<u> </u>	
SUBTOTAL (2)	\$198.00						SUBTOT	TAL (3)		
**or number previously paid, if greater, For Reissues, see above *Redi					ic Filinç	Fee Paid				
SUBMITTED BY							Complete (i	f applicable)		
					Telephone	416-595	-1155			
Signature Maching!	n					Date	April 25, 2	:001		

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